



**HIPAA Transaction Sets and Code Sets
(HTSCS)
276 / 277 Companion Guide Specifications**

**Version 4.3
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Table of Contents

1. INTRODUCTION	1
2. SCOPE.....	2
3. 276 CLAIM STATUS REQUEST TRANSACTION MAP	3
4. 277 CLAIM STATUS RESPONSE TRANSACTION MAP	14
5. DOCUMENT CHANGE HISTORY	27

1. INTRODUCTION

Companion Guides are designed to be used in conjunction with the HIPPA-required *ANSI X12 Implementation Guide and Addenda*. The Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

Copies of the *ANSI X12 Implementation Guide* can be obtained by downloading the files from the following WEB site:

http://www.wpc-edi.com/hipaa/HIPAA_40.asp

2. SCOPE

The United States Congress included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, Congress added to title XI of the Social Security Act a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003, for those covered and required to comply in 2002. SCDHHS has filed for such an extension.

The 276 transaction set adds new functionality by allowing providers of SC Medicaid services to transmit batch electronic requests for the status of health care claims, and the 277 transaction set provides the electronic responses for these requests.

This Companion Guide outlines the SC Medicaid criteria for the claim status request sent in the 276 transaction and the response data provided in the 277 transaction.

3. 276 CLAIM STATUS REQUEST TRANSACTION MAP

* Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 004010X093A1.

** The 'Loop' column consists of the loop number followed by a "/", whether required ("R") or situational ("S"), then a dash followed by the page number reference in the Implementation Guide.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	ISA/R-B.3	ISA01	R	Authorization Information Qualifier	Use Value '00' – No Authorization Information Present (No Meaningful Information in I02)
		ISA02	R	Authorization Information	Enter 10 Blanks
		ISA03	R	Security Information Qualifier	Use Value '00' – No Security Information Present (No Meaningful Information in I04)
		ISA04	R	Security Information	Enter 10 Blanks
		ISA05	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA06	R	Interchange Sender ID	Use the SC Medicaid Assigned Submitter Number – Left Justified - 15 Characters
		ISA07	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA08	R	Interchange Receiver ID	Use Value 'SCMEDICAID' – Left Justified - 15 Characters
		ISA09	R	Interchange Date	Format is YYMMDD
		ISA10	R	Interchange Time	Format is HHMM
		ISA11	R	Interchange Control Standards Identifier	Use Value 'U' – U.S. Community EDI of ASC X12, TDCC, and UCS

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		ISA12	R	Interchange Control Version Number	Use Value '00410'
		ISA13	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Trailer IEA02
		ISA14	R	Acknowledgement Request	Value '0' – No Acknowledgement Requested Value '1' – Acknowledgement Requested
		ISA15	R	Usage Indicator	Value 'P' – Production Data Value 'T' – Test Data
		ISA16	R	Component Element Separator	Assigned by Submitter
	GS/R-B.8	GS01	R	Functional Identifier Code	Use Value 'HR' – Health Care Claim Status Request
		GS02	R	Application Senders Code	Use the SC Medicaid Assigned Submitter ID
		GS03	R	Application Receivers Code	Use Value 'SCMEDICAID'
		GS04	R	Creation Date	Format is CCYYMMDD
		GS05	R	Creation Time	Format is HHMM
		GS06	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Trailer GS02
		GS07	R	Responsible Agency Code	Use Value 'X' – Accredited Standards Committee X12
		GS08	R	Version/Release/Industry Identifier Code	Use Value '004010X093A1'
N/A	ST/R-49	ST01	R	Transaction Set Identifier Code	Use Value '276'
		ST02	R	Transaction Set Control Number	Assigned by Submitter The value in ST02 must be identical to SE02.
N/A	BHT/R-50	BHT01	R	Hierarchical Structure Code	Use Value '0010'

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		BHT02	R	Transaction Set Purpose Code	Use Value '13' - Request
		BHT03	N	Originator Application Transaction Identifier	
		BHT04	R	Transaction Set Creation Date	Format is CCYYMMDD
		BHT05	N	Transaction Set Creation Time	Format is HHMM
		BHT06	N	Transaction Type Code	
2000A/R-52				INFORMATION SOURCE LEVEL	
	HL/R-52	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	N	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	Use Value '20' - Information Source
		HL04	R	Hierarchical Child Code	Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100A/R-54				PAYER NAME	
	NM1/R-54	NM101	R	Entity Identifier Code	Use Value 'PR' - Payer
		NM102	R	Entity Type Qualifier	Use Value '2' - Non-Person Entity
		NM103	R	Payer Name	
		NM104	N	First Name	
		NM105	N	Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use Value 'PI' - Payer Identification
		NM109	R	Payer Identifier	Use Value 'SCMEDICAID'

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PER/S-57			Payer Contact Information	SC Medicaid will not use this segment.
2000B/R-60				INFORMATION RECEIVER LEVEL	
	HL/R-60	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	R	Hierarchical Parent ID Number	Assigned by Submitter
		HL03	R	Hierarchical Level Code	Use Value '21' – Information Receiver
		HL04	R	Hierarchical Child Code	Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100B/R-62				INFORMATION RECEIVER NAME	
	NM1/R-62	NM101	R	Entity Identifier Code	Use Value '41' - Submitter
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity
		NM103	R	Information Receiver Last or Organizational Name	
		NM105	S	Information Receiver Middle Name	SC Medicaid will not use this data element.
		NM106	N	Name Prefix	
		NM107	S	Information Receiver Name Suffix	SC Medicaid will not use this data element.
		NM108	R	Identification Code Qualifier	Use value '46' for the submitter ID (ETIN). Repeat this loop using value 'XX' if also submitting the National Provider Identifier (NPI)

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM109	R	Information Receiver Identification Number	Enter the submitter's ID (ETIN). Repeat the loop if submitting the National Provider Identifier (NPI).
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2000C/R-65				SERVICE PROVIDER LEVEL	
	HL/R-65	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	R	Hierarchical Parent ID Number	Assigned by Submitter
		HL03	R	Hierarchical Level Code	Use Value '19' – Provider of Service
		HL04	R	Hierarchical Child Code	Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100C/R-67				PROVIDER NAME	
	NM1/R-67	NM101	R	Entity Identifier Code	Use Value '1P' - Provider
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity
		NM103	R	Provider Last or Organizational Name	
		NM104	S	Provider First Name	The first name is required when the value in NM102 is '1' and the person has a first name SC Medicaid will not use this data element.
		NM105	S	Provider Middle Name	The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial. SC Medicaid will not use this data element.
		NM106	S	Provider Name Prefix	SC Medicaid will not use this data element.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM107	S	Provider Name Suffix	SC Medicaid will not use this data element.
		NM108	R	Identification Code Qualifier	During the transition to NPI, for those health care providers covered under the NPI mandate, two iterations of the 2100C Loop may be sent to accommodate reporting dual provider identification numbers (NPI and Legacy). When two iterations are reported, the NPI number (NM108 = XX) must be the first iteration and the Legacy number (NM108 = SV) must be the second iteration. If only one iteration is reported, either the 'SV' – Service Provider Or 'XX' – National Provider Identifier (NPI) may be submitted.
		NM109	R	Provider Identifier	If reporting two iterations: Enter your National Provider Identifier (NPI) in the first iteration and your SC Medicaid Provider Number in the second iteration. If only one iteration is reported, enter your NPI or SC Medicaid number that corresponds to the qualifier reported in NM108.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2000D/R-70				SUBSCRIBER LEVEL	
	HLN/R-70	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	R	Hierarchical Parent ID Number	Assigned by Submitter
		HL03	R	Hierarchical Level Code	Use Value '22' - Subscriber

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		HL04	R	Hierarchical Child Code	Use Value '0' - No Subordinate HL Segment in This Hierarchical Structure.
	DMG/S-72	DMG01	R	Date Time Period Format Qualifier	Use Value 'D8'
		DMG02	R	Subscriber Birth Date	Format is CCYYMMDD
		DMG03	R	Subscriber Gender Code	Values are: F – Female M – Male U – Unknown
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
2100D/R-74				SUBSCRIBER NAME	
	NM1/R-74	NM101	R	Entity Identifier Code	For SC Medicaid, use value 'QC' – Patient since subscriber is always the patient.
		NM102	R	Entity Type Qualifier	Use Value '1' – Person
		NM103	R	Subscriber Last Name	
		NM104	S	Subscriber First Name	The first name is required when the value in NM102 is '1' and the person has a first name. SC Medicaid will not use this data element.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM105	S	Subscriber Middle Name	The middle name or initial is required when the value in NM102 is '1' and the person has a middle name or initial. SC Medicaid will not use this data element.
		NM106	S	Subscriber Name Prefix	SC Medicaid will not use this data element.
		NM107	S	Subscriber Name Suffix	SC Medicaid will not use this data element.
		NM108	R	Identification Code Qualifier	Use Value 'MI' – Member Identification Number.
		NM109	R	Subscriber Identifier	Submit the 10 Digit Recipient Medicaid Identification Number.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2200D/R-77				CLAIM SUBMITTER TRACE NUMBER	
	TRN/S-77	TRN01	R	Trace Type Code	This Segment is Required if the Patient is the Subscriber. SC Medicaid Requires this Segment. Use Value '1' – Current Transaction Trace Numbers
		TRN02	R	Trace Number	SC Medicaid requests this be all upper case. Unable to process lower case characters.
		TRN03	N	Originating Company Identifier	
		TRN04	N	Reference Identification	
	REF/S-78	REF01	R	Reference Identification Qualifier	Use Value '1K' Submit this element if the payer supplied it previously.
		REF02	R	Payer Claim Control Number	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-80			Institutional Bill Type Identification	SC Medicaid will not use this segment.
	REF/S-82	REF01	R	Reference Identification Qualifier	Use Value 'EA' - This is the Medical Record number submitted on the original claim and should be sent when available from the submitted claim.
		REF02	R	Medical Record Number	Found on 837 CLM-05
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S ADDENDA- 18			Group Number	SC Medicaid will not use this data element.
	AMT/S-84	AMT01	R	Amount Qualifier Code	Required when the subscriber is the patient. Required by SC Medicaid Use Value 'T3' - Total Submitted Charges Found on 837 CLM02 (Professional); Revenue Code 0001 (Institutional)
		AMT02	R	Monetary Amount	
		AMT03	N	Credit/Debit Flag Code	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	DTP/S-86	DTP01	R	Date Time Qualifier	Required for institutional claims. The date is the statement from and through date. For professional claims, this will be the claim from and through date. If claim level date range is not used then the Line Service Date at Loop2210D is required. Use Value '232' - Claim Statement Period Start This includes the claim statement period end.
		DTP02	R	Date Time Period Format Qualifier	Use Value 'RD8' - Range of Dates
		DTP03	R	Claim Service Period	Format is CCYYMMDD-CCYYMMDD If the date is a single date of service, the begin date equals the end date.
2210D/S-88				SERVICE LINE INFORMATION	SC Medicaid will not use this loop.
2000E/S-94				DEPENDENT LEVEL	SC Medicaid will not use this loop.
2100E/R-98				DEPENDENT NAME	SC Medicaid will not use this loop.
2200E/R-101				CLAIM SUBMITTER TRACE NUMBER	SC Medicaid will not use this loop.
2210E/S-113				SERVICE LINE INFORMATION	SC Medicaid will not use this loop.
9999/R-120				TRANSACTION SET TRAILER	
		SE01	R	Number of Included Segments	Total number of segments included in a transaction set including ST and SE segments
		SE02	R	Transaction Set Control Number	Data value in SE02 must be identical to ST02.
	GS/R-B.10	GS01	R	Number of Transaction Sets Included	Enter Number of Transaction Sets Included

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		GS02	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Header GE02
	IEA/R-B.7	IEA01	R	Number of Included Functional Groups	Enter Number of Functional Groups Included
		IEA02	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Header ISA13

4. 277 CLAIM STATUS RESPONSE TRANSACTION MAP

* Unless otherwise noted, please follow the rules of the ANSI X12 Implementation Guide (including Addendum) for 004010X093A1.

** The 'Loop' column consists of the loop number followed by a "/", whether required ("R") or situational ("S"), then a dash followed by the page number reference in the Implementation Guide.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	ISA/R-B.3	ISA01	R	Authorization Information Qualifier	Value '00' – No Authorization Information Present (No Meaningful Information in I02) will be Returned
		ISA02	R	Authorization Information	10 Blanks will be Returned
		ISA03	R	Security Information Qualifier	Value '00' – No Security Information Present (No Meaningful Information in I04) will be Returned
		ISA04	R	Security Information	10 Blanks will be Returned
		ISA05	R	Interchange ID Qualifier	Value 'ZZ' – Mutually Defined will be Returned
		ISA06	R	Interchange Sender ID	Value 'SCMEDICAID' – Left Justified – 15 Characters will be Returned
		ISA07	R	Interchange ID Qualifier	Value 'ZZ' – Mutually Defined will be Returned
		ISA08	R	Interchange Receiver ID	The SC Medicaid Assigned Submitter Value will be Returned
		ISA09	R	Interchange Date	Format is YYMMDD
		ISA10	R	Interchange Time	Format is HHMM
		ISA11	R	Interchange Control Standards Identifier	Value 'U' – U.S. Community EDI of ASC X12, TDCC, and UCS will be Returned
		ISA12	R	Interchange Control Version Number	Value '00410' will be Returned

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		ISA13	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Trailer IEA02
		ISA14	R	Acknowledgement Request	Value '0' – No Acknowledgement Requested
		ISA15	R	Usage Indicator	Value 'P' – Production Data Value 'T' – Test Data
		ISA16	R	Component Element Separator	For SC Medicaid Values '>' will be Returned
	GS/R-B.8	GS01	R	Functional Identifier Code	Value 'HN' – Health Care Claim Status Notification will be Returned
		GS02	R	Application Senders Code	Value 'SCMEDICAID' will be Returned
		GS03	R	Application Receivers Code	The SC MEDICAID Submitter Code will be Returned
		GS04	R	Creation Date	Format is CCYYMMDD
		GS05	R	Creation Time	Format is HHMM
		GS06	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Trailer GS02
		GS07	R	Responsible Agency Code	Value 'X' – Accredited Standards Committee X12 will be Returned
		GS08	R	Version/Release/Industry Identifier Code	Value '004010093A1' will be Returned
	ST/R-125	ST01	R	Transaction Set Identifier Code	Value '277' will be Returned
		ST02	R	Transaction Set Control Number	Data value in ST02 will be identical to SE02.
	BHT/R-126	BHT01	R	Hierarchical Structure Code	Value will be '0010'
		BHT02	R	Transaction Set Purpose Code	Value will be '08' - Status

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		BHT03	R	Originator Application Transaction Identifier	Value will be Identical to the Value Submitted in the 276 Request
		BHT04	R	Transaction Set Creation Date	Format will beCCYYMMDD
		BHT05	N	Transaction Set Creation Time	
		BHT06	R	Transaction Type Code	Value will be 'DG' - Response
2000A/R-128				INFORMATION SOURCE LEVEL	
		HL01	R	Hierarchical ID Number	Assigned by Sender
		HL02	N	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	Value will be '20' Information Source
		HL04	R	Hierarchical Child Code	Value will be '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100A/R-130				PAYER NAME	
	NM1/R-130	NM101	R	Entity Identifier Code	Value will be 'PR' – Payer
		NM102	R	Entity Type Qualifier	Value will be '2' – Non-Person Entity
		NM103	R	Payer Name	Value will be 'SCDHHS'
		NM104	N	First Name	
		NM105	N	Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Value will be 'FI' – Federal Identification Number

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM109	R	Payer Identifier	Value will be '570859576'
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PER/S-133	PER01	R	Contact Function Code	Value will be 'IC' – Information Contact
		PER02	S	Payer Contact Name	SC Medicaid will not use this data element.
		PER03	R	Communication Number Qualifier	Value will be 'EM' – Electronic Mail
		PER04	R	Communication Number	Value will be 'HIPAA-EDI@DHHS.STATE.SC.US'.
		PER05	S	Communication Number Qualifier	SC Medicaid will not use this data element.
		PER06	S	Communication Number	SC Medicaid will not use this data element.
		PER07	S	Communication Number Qualifier	SC Medicaid will not use this data element.
		PER08	S	Communication Number	SC Medicaid will not use this data element.
		PER09	N	Contact Inquiry Reference	
2000B/R-136				INFORMATION RECEIVER LEVEL	
	HL/R-136	HL01	R	Hierarchical ID Number	Assigned by Sender
		HL02	R	Hierarchical Parent ID Number	Assigned by Sender
		HL03	R	Hierarchical Level Code	Value will be '21' –Information Receiver
		HL04	R	Hierarchical Child Code	Value will be '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100B/R-138				INFORMATION RECEIVER NAME	
	NM1/R-138	NM101	R	Entity Identifier Code	Value will be '41' - Submitter

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity
		NM103	R	Information Receiver Last or Organizational Name	
		NM104	S	Information Receiver First Name	
		NM105	S	Information Receiver Middle Name	
		NM106	S	Information Receiver Name Prefix	SC Medicaid will not return this data element.
		NM107	S	Information Receiver Name Suffix	SC Medicaid will not return this data element.
		NM108	R	Identification Code Qualifier	If the inbound 276 repeated this loop using both value '46' and 'XX' the loop will be repeated in the response as well.
		NM109	R	Information Receiver Identification Number	Will contain the submitter ID (ETIN). Will also contain the National Provider ID (NPI) if the inbound 276 contained the NPI.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2000C/R-141				SERVICE PROVIDER LEVEL	
	HL/R-141	HL01	R	Hierarchical ID Number	Assigned by Sender
		HL02	R	Hierarchical Parent ID Number	Assigned by Sender
		HL03	R	Hierarchical Level Code	Value will be '19' – Provider of Service
		HL04	R	Hierarchical Child Code	Value will be '1' – Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100C/R-143				PROVIDER NAME	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	NM1/R-143	NM101	R	Entity Identifier Code	Value will be '1P' – Provider
		NM102	R	Entity Type Qualifier	Value 1 – Person Value 2 – Non-Person Entity As stored on the SC Medicaid Provider File
		NM103	R	Provider Last or Organization Name	Full Name as Stored on the SC Medicaid Provider File
		NM104	S	Provider First Name	Will Return First Name as Submitted on the 276 Request
		NM105	S	Provider Middle Name	Will Return Middle Name as Submitted on the 276 Request
		NM106	S	Provider Name Prefix	Will Return Prefix as Submitted on the 276 Request
		NM107	S	Provider Name Suffix	Will Return Suffix as Submitted on the 276 Request
		NM108	R	Identification Code Qualifier	If the claim was found using the NPI from the 276, the value 'XX' – National Provider Identifier (NPI) will be returned in this segment. If the claim was found using the SC Medicaid Provider Number from the 276, the value 'SV' – Service Provider will be returned in this segment.
		NM109	R	Provider Identifier	If the claim was found using the NPI from the 276, the National Provider Identifier (NPI) will be returned in this segment. If the claim was found using the SC Medicaid Provider Number from the 276, Service Provider will be returned in this segment.
		NM110	N	Entity Relationship Code	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM111	N	Entity Identifier Code	
2000D/R-146				SUBSCRIBER LEVEL	
	HL/R-146	HL01	R	Hierarchical ID Number	Assigned by Sender
		HL02	R	Hierarchical Parent ID Number	Assigned by Sender
		HL03	R	Hierarchical Level Code	Value will be '22' - Subscriber
		HL04	R	Hierarchical Child Code	Value will be '0' - No Subordinate HL Segment in This Hierarchical Structure
	DMG/R-148	DMG01	R	Date Time Period Format Qualifier	Value will be 'D8'
		DMG02	R	Subscriber Birth Date	Value will be the Subscriber Date of Birth as Stored on the SC Medicaid Eligibility File
		DMG03	R	Subscriber Gender Code	Value will be the Gender as Stored on the SC Medicaid Eligibility File
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
2100D/R-150				SUBSCRIBER NAME	
	NM1/R-150	NM101	R	Entity Identifier Code	SC Medicaid will set value to 'QC' - Patient
		NM102	R	Entity Type Qualifier	Value will be '1' - Person

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		NM103	R	Subscriber Last Name	SC Medicaid will populate this field with the Medicaid recipient last name.
		NM104	S	Subscriber First Name	SC Medicaid will populate this field with the Medicaid recipient first name.
		NM105	S	Subscriber Middle Name	SC Medicaid will populate this field with the Medicaid recipient middle name.
		NM106	S	Subscriber Name Prefix	SC Medicaid will not use this data element.
		NM107	S	Subscriber Name Suffix	SC Medicaid will not use this data element.
		NM108	R	Identification Code Qualifier	SC Medicaid will set this value to 'MI' - Medicaid ID Number.
		NM109	R	Subscriber Identifier	SC Medicaid will populate this field with the 10 Digit Recipient Medicaid Identification Number.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2200D/R-153				CLAIM SUBMITTER TRACE NUMBER	
	TRN/S-153	TRN01	R	Trace Type Code	This Segment is Required if the Patient is the Subscriber. SC Medicaid will Return this Segment. Value '2' – Referenced Transaction Trace Numbers
		TRN02	R	Trace Number	Value will be Identical to the TRN02 Submitted on the 276 Request
		TRN03	N	Originating Company Identifier	
		TRN04	N	Reference Identification	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	STC/R-154	STC01	R	Health Care Claim Status	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		STC01-1	R	Health Care Claim Status Category Code	http://www.wpc-edi.com/hipaa/HIPAA_40.asp One of the Following Values will be Returned: A0 - Acknowledgement/Forwarded A1 - Acknowledgement/Receipt A2 - Acknowledgement/Acceptance A3 - Acknowledgement/Returned A4 - Acknowledgement/Not Found A5 - Acknowledgement/Split Claim A6 - Acknowledgement/Rejected for Missing Information A7 - Acknowledgement/Rejected for Invalid Information A8 - Acknowledgement / Rejected for relational field in error P0 – Pending P1 – Pending in Process P2 – Pending in Review P3 - Pending/Requested Information P4 – Pending/Patient Requested Information P5 - Pending/Payer Administrative/System Hold F0 – Finalized F1 – Finalized/Payment F2 – Finalized/Denial F3 – Finalized/Revised F3F – Finalized Forwarded F3N – Finalized Not-Forwarded F4 – Finalized/Adjudication Complete
276/277 Companion Guide December 08, 2008				Version 4.3	23

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
		STC01-2	R	Health Care Claim Status Code	http://www.wpc-edi.com/hipaa/HIPAA_40.asp
		STC01-3	S	Entity Identifier Code	SC Medicaid will not return this data element.
		STC02	R	Status Information Effective Date	Format is CCYYMMDD
		STC03	N	Action Code	
		STC04	R	Total Claim Charge Amount	
		STC05	R	Claim Payment Amount	
		STC06	S	Adjudication or Payment Date	Format is CCYYMMDD
		STC07	S	Payment Method Code	
		STC08	S	Check Issue or EFT Effective Date	Format is CCYYMMDD
		STC09	S	Check or EFT Trace Number	
		STC10	S	Health Care Claim Status	SC Medicaid will not use this data element.
		STC10-1	R	Health Care Claim Status Category Code	
		STC10-2	R	Health Care Claim Status Code	
		STC10-3	S	Entity Identifier Code	SC Medicaid will not use this data element.
		STC11	S	Health Care Claim Status	SC Medicaid will not use this data element.
		STC11-1	R	Health Care Claim Status Category Code	
		STC11-2	R	Health Care Claim Status Code	
		STC11-3	S	Entity Identifier Code	SC Medicaid will not use this data element.
		STC12	N	Free-Form Message Text	

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
	REF/S-165	REF01	R	Reference Identification Qualifier	Value will be '1K' - Claim Control Number
		REF02	R	Payer Claim Control Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-165	REF01	R	Reference Identification Qualifier	
		REF02	R	Bill Type Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-169	REF01	R	Reference Identification Qualifier	
		REF02	R	Medical Record Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	DTP/S-171	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Claim Service Period	
2220D/S-173				SERVICE LINE INFORMATION	SC Medicaid will not use this loop.
2000E/S-190				DEPENDENT LEVEL	SC Medicaid will not use this loop.
2100E/R-194				DEPENDENT NAME	SC Medicaid will not use this loop.

LOOP**	SEG ID	ELEMENT	ELEMENT REQUIREMENT	Industry Name	South Carolina Medicaid Specifications*
2200E/R-197				CLAIM SUBMITTER TRACE NUMBER	SC Medicaid will not use this loop.
2220E/S-218				SERVICE LINE INFORMATION	SC Medicaid will not use this loop.
9999/R-234				TRANSACTION SET TRAILER	
		SE01	R	Transaction Segment Count	Total number of segments included in a transaction set including ST and SE segments
		SE02	R	Transaction Set Control Number	Data value in SE02 will be identical to ST02.
	GS/R-B.10	GS01	R	Number of Transaction Sets Included	Enter Number of Transaction Sets Included
		GS02	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Header GE02
	IEA/R-B.7	IEA01	R	Number of Included Functional Groups	Enter Number of Functional Groups Included
		IEA02	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Header ISA13

5. DOCUMENT CHANGE HISTORY

Project Information
Project Name: 276 / 277 Professional Companion Guide

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Version	Approval Date	Changed By	Reason
1.0	07/14/03		Original Document
2.0	07/28/03		Changes throughout document.
NA	05/18/04	Tina Roberts	Per Management, updated footers, title page and document for version number. This document is referenced internally as version 2.0, but is published as version 1.0.
3.0	08/09/04	Colleen McCuen	Pg 7 - Changed element NM101 in loop 2100D to always use 'QC' for patient
4.0	10/01/06	Colleen McCuen	Pg 6 & 7 for the dual use period for the National Provider Identifier for the 276 Request. Pg. 15 & 16 for the dual use period for the National Provider Identifier for the 277 response.
4.1	05/14/07	Kathy Dugan	Pg 1, removed 'at no charge' in reference to Implementation Guide Availability. NPI Transition Instructions. General Clean Up. Added ISA/IEA and GS/GE information.
4.2	01/11/08	Charley Cosby	Pg 10, updated TRN02 needs to be all upper case.
4.3	12/08/08	Charley Cosby	Corrected GS08 to 004010X093A1.